SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) of the	FOR LINE NUMBER: PAGE 268 OF 271 (check only one)  17	
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a			erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)  Roskam for Congress Committee				
Full Name (Last, First, Middle Initial)  A. Benita Romano			Date of Disbursement	
Mailing Address 644 Dalewood Lane			07 07 2014	
City State Hinsdale IL	Zip Code 60521-4732		Amount of Each Disbursement this Period	
Purpose of Disbursement Refund of Contribution refund 010		2400.00 Transaction ID : 40713.E7687		
Candidate Name		Category/ Type		
Office Sought:    House   Disbursement				
Full Name (Last, First, Middle Initial)  Michael J. Romano, III  Mailing Address 644 Dalewood Lane			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State	•		Amount of Each Disbursement this Period	
		Category/	2600.00 Transaction ID : 40713.E7688	
	For: 2014 pary X General per (specify)	Type		
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y	
City State	Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement				
		Category/ Type		
Office Sought: House Disbursement Senate Prim President Other				
State: District:				
SUBTOTAL of Disbursements This Page (optional)			5000.00	

TOTAL This Period (last page this line number only).....

5000.00